



**SUPREME COURT OF MISSISSIPPI**  
**Administrative Office of Courts**  
 Intervention Court Fiscal Reporting Form

**Remittance Address**  
 Vendor 3100023040  
 Madison Co Board of Supervisors  
 P.O. Box 608  
 Canton, MS 39046-0608

Report Amended \_\_\_\_\_ Date \_\_\_\_\_

DRUG COURT: MADISON COUNTY YOUTH INTERVENTION COURT Lead County: \_\_\_\_\_ EXPENSES FOR THE MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Category	AOC State Reimbursable Expenses	Local Intervention Court Fund Expenses	Local Government Contribution Expenses	Grant Expenses <i>(name)</i>	Grant Expenses <i>(name)</i>	Other Source <i>(name)</i>	Other Source <i>(name)</i>	Private Foundation / Donation Expenses	TOTAL MONTHLY EXPENSES
Salaries & Fringe									
Treatment Expenses									
Testing & Lab Expenses									
Travel & Training									
Commodities									
Contractual Services									
Equipment									
<b>TOTAL</b>									
<b>Fiscal Year to Date (July 1<sup>st</sup> – June 30<sup>th</sup>)</b>	<b>Cumulative AOC State Expenses</b>	<b>Cumulative Local Intervention Court Expenses</b>	<b>Cumulative Local Gov't Cont Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Grant Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Other Expenses</b>	<b>Cumulative Private/Donation Expenses</b>	<b>Cumulative Monthly Expenses</b>

**New for FY20**

Balance remaining in "local intervention court fund" on the last day of the month \$	
Dollar amount collected from intervention court participant fines \$	
Dollar amount collected from intervention court participant fees \$	

I hereby certify this report to be true and correct to the best of my knowledge. Listed expenditures are in compliance with the Mississippi Intervention Court Rules.

\_\_\_\_\_  
 Authorized Signature of Fiscal Report Preparer Printed Name Title Date

\_\_\_\_\_  
 Signature of Intervention Court Judge / Referee Printed Name of Judge / Referee Date